

02/03/2017 FRI 10:24 FAX 8655942183 Dept of Health

02/03/2017

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 01/26/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445088	(X) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING #1  B. WING	(X) DATE SURVEY COMPLETED:  01/25/2017
NAME OF PROVIDER OR SUPPLIER  ST BARNABAS AT SISKIN HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE  1 SISKIN PLAZA CHATTANOOGA, TN 37483		
(X) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSO IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X) COMPLETION DATE
K 906	INITIAL COMMENTS  A Life Safety Survey was conducted by the State of Tennessee's Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 1/25/17. During this Life Safety Survey, St. Barnabas at Siskin Hospital was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition.  The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by:	K 000		
K 362 SS=F	NFPA 101 Sprinkler System - Supervisory Signals  Sprinkler System - Supervisory Signals Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the sprinkler system control valves were electronically supervised per the requirements of: NFPA 101, 2012 Edition 18.3.6.1, 9.7.2.1 NFPA 72, 2010 Edition 23.8.5.5, 23.8.5.6, 23.8.5.7, 23.8.5.8 The deficiency affected 6 of 6 smoke compartments. The findings include:	K 362	1. No patients were identified as having been harmed by this deficiency. 2. All patients have the potential to be affected by this deficiency. Facilities personnel monitored this switch daily until monitoring could be electronic. 3. An electronic tamper switch was installed by Phillips Contracting on 2/13/17. By 3/10/17, the tamper switch will be tied into the fire panel which is monitored both internally as well as by Gallagher monitoring. 4. Fire drills are conducted regularly and in accordance with regulation. Facilities personnel will monitor for tampering weekly. Results of inspections of the fire protection equipment are brought through the Environment of Care committee for review and recommendation at least quarterly.	3/10/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

DUE DATE

*Connie A. Wheeler**Administrator 2/15/17*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patient. (See instructions.) Except for nursing homes, the findings stated above are due within 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are due within 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continue program participation.

02/03/2017 FAX 15126 FAX 8655942169 Dept of Health

02/03/2017

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 01/26/2017  
FORM APPROVED  
OMB NO. 0938-0391

<input checked="" type="checkbox"/> STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		<input checked="" type="checkbox"/> PROVIDER/SUPPLIER/CMS IDENTIFICATION NUMBER:  445008	<input checked="" type="checkbox"/> MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING	<input checked="" type="checkbox"/> DATE SURVEY COMPLETED  01/26/2017
NAME OF PROVIDER OR SUPPLIER  ST BARNABAS AT SISKIN HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE  1 SISKIN PLAZA CHATTANOOGA, TN 37403		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	REGISTRATION DATE
K 362	<p>Continued From page 1</p> <p>Observation and interview with the maintenance director, on 1/26/17 at 1:45 PM revealed the O&amp;Y valve in the sprinkler pit is not electronically supervised with the fire alarm system.</p> <p>The maintenance director was present when the deficiencies were identified and acknowledged by the administrative staff during the exit conference on 1/26/17.</p>	K 362		